

**MEETING MINUTES FOR THE  
GOVERNOR'S COUNCIL ON BEHAVIORAL HEALTH  
TUESDAY, May 10, 2016**

**Members present:** Rich Leclerc, Richard Antonelli, George O'Toole, Sarah Dinklage, Wendy Looker, Maxine Heywood, Sandra DelSesto

**Appointed members present:** David Spencer (Leadership Council)

**Statutory members present:** None

**Ex-officio members present:** Denise Achin, Alice Woods (DOE); Colleen Polselli, Jeff Hill (DOH); Becky Boss, Michelle Brophy, Dan Fitzgerald, Judy Fox, Trisha Suggs, Lori Dorsey, Bette McHugh, Elizabeth Kretchman, Jenna Makevich (BHDDH); Jamia McDonald, Susan Lindberg, Chris Strnad (DCYF); Louis Cerbo (DOC); Jennifer Reid, Sharon Kernan (EOHHS)

**Guests:** Diane Dufresne (Pawtucket PC); Michael Cancilliere (About Families/CEDAR), Shannon Spurlock (RI Prevention Resource Center); Melissa (Beacon Health Options); Ruth Feder (MHA RI); Anatoly Burke, (PSN); Dana Clark (NAMI RI)

**Staff:** James Dealy, BHDDH

Rich Leclerc asked those in attendance at the April meeting to let him know if their names were missing from the minutes. Judy Fox and Elizabeth Kretchman said their names were missing. He asked if there was any discussion of the April 14 minutes. Motion was made to accept the minutes with the additions and seconded. Minutes were approved as amended.

**Committee Reports**

**- Prevention Advisory Committee:**

Sandra DelSesto reported that the committee provided input to the BHDDH Prevention Strategic Plan, which has been finalized.

The committee remains disappointed that their letter for reinstatement to prevention programs of general revenue dollars was not responded to by the Governor. Rich Leclerc said that he would call to the Governor's Office asking for a response.

The Evidence Based Workgroup is continuing to meet and has finalized the criteria for three tiers of evidence based programming and is working on a draft and a set of standards. The next EBW meeting is on May 17 and is an open meeting.

Sandra told the group that Jeff Hill received a national award. Jeff said that the Youth Suicide Prevention was one of four finalists for the State of the States Award.

The Prevention Advisory Committee is developing a white paper which will be used to inform the legislature about the state of prevention and the need for state dollars for prevention and treatment.

### **Home Stabilization Services (Jennifer Reid)**

Jennifer Reid presented a high level overview of the Home Stabilization Service proposed as part of the Medicaid waiver, covering the nature of the service, eligibility criteria, the application process for providers and information for consumers. The service is an initiative of Reinventing Medicaid. Jennifer's Power Point accompanies these minutes.

### **DCYF Presentation (Jamia McDonald)**

Jamia McDonald, DCYF's Chief Strategy Officer, presented on the changes to DCYF's placement and services system. Her Power Point on Youth in Out of State Care accompanies these minutes.

When she began at DCYF, the network contracts, which governed the provision of placement and community based services, was examined and determined to be the wrong structure for the Department. These services were brought back "in house," with Susan Lindberg overseeing a new Permanency Division. The Division's central referral unit is responsible for all referrals for placement. The team has brought the turnaround time for referrals to one day. The first comprehensive re-procurement for services has just been completed. In addition to the services provided through the network contracts, 45 other contracts had been created over time. Everything was put out to bid, and 150 proposals were received which will be the basis for the new service system. The proposals will be assessed using population-based criteria, which will look at the totality of needs and the gaps in services. Outcome measures will be added to contracts. Behavioral health and developmental disability resources are areas that need to be expanded. Historically, Rhode Island's behavioral health care programs have been built to meet the needs of children in DCYF custody and not those of all children who need access to behavioral health. One of the tasks is to determine how to build programs for what are primarily behavioral health needs that have nothing to do with abuse and neglect.

Jamia noted it was good to hear the presentation from OHHS about home stabilization. Unstable housing has been one of the primary factors that keep children cycling in and out of care.

Jamia answered questions about:

**Assessment Instruments:** The primary assessment tool used to determine service level needs is the CANS, with other age-appropriate tools to supplement it.

**Mental health services at DCYF:** Access to all mental health services will be through the permanency unit. With the permanency unit DCYF is attempting to find access points for children that don't require the parent to give up custody. At the same time, more of an investment is being made in community services so that children in DCYF's care can remain in the community. DCYF's case workers are the coordinators of the care for the child.

In-state residential services: There is concern about making referrals out of state when RI has resources that could not get adequate funding. DCYF has pushed to rebuild the adolescent capacity and has met with Chief Judge Forte, members of the state legislature and providers to encourage them to bid. DCYF is focused on pockets where deficiencies were found such as teen age girl's substance abuse and sex trafficking issues.

The scope of the new procurements: DCYF's re-procurements cover everything from the community supports that are needed to prevent abused or neglected children from being removed from home to residential treatment. For children with primarily behavior or mental health needs, DCYF tries to have the minimal level of involvement to ensure that there are community partners wrapped around the family and child to keep the home stable and functioning. What has happened over time is that resources have been pulled into the highest level of care, which resulted in children being removed from home only because there were not adequate resources in the community. At the highest point DCYF had 31% of its population in congregate care, more than double the national average. It has started building out with its community partners to develop the types of community-based services these children need.

Children in out of state care: Approximately 90 children were in out of state placement when Jamia came in. There are now 61. Some children come back to state because DCYF has been able to open programs based on their needs. The Expedited Permanency meetings are a reason why so many have returned. Every out of state placement case is reviewed to determine whether there is current in-state capacity or there is a cohort of children with similar needs that DCYF could ask providers to build capacity for. At the same time, the Director's Approval process is required before any congregate care placement is made. This centralized process, as opposed to a series of isolated case decisions, gives DCYF the opportunity to identify types of need and assess capacity across the whole population. The two primary populations DCYF started this process for were children under 12 and those in out-of-state population.

Jamia noted that not all of the children can come back. Not all of the services will or should be built specifically in Rhode Island, as there are some children who are so acute and their needs are so narrow that it would not make sense.

She also noted that, for the first time, DCYF requires contracts with out of state providers that detail the services and outcomes of placements.

Primary substance abuse: Members stated that these cases are still being referred for out of state treatment because of a lack of capacity in RI. Jamia asked that these calls be referred to Susan Lindberg's team.

Continuity of behavioral healthcare for children aging out of DCYF: Jamia said there has been much high level discussion of this, and the Children's Cabinet has launched a study of the behavioral health system beginning with children. She said that it is not just "aging out" issues that concern her, but the type of care as a child moves between provider systems, for example, between DCYF, Medicaid and private providers.

The Family Community Care Partnerships: Jamia said that the FCCPs were created to intervene with families before they got into the DCYF system. However, due to the lack of investment in the FCCPs, children were going into congregate care, which was diverting funds from building stronger community-based care. As DCYF has begun to put the children in the proper level of care it has been able to reappportion funds to the FCCPs. This has in turn increased confidence in the viability of community services as an alternative to placement, which has had an effect on decision-making.

**Olmstead:** (Ruth Feder) Ruth noted the absence of an Olmstead Plan for Rhode Island. Olmstead refers to a US Supreme Court decision made in the late 1990s that said if a person is living in an institution, they have a right to live in the community. Ruth said she would like to get more support from the Council to work towards having Rhode Island develop an Olmstead Plan. It will be put on the agenda for the June meeting.

#### **BHDDH Update:** (Michelle Brophy)

Michelle Brophy reported on initiatives that BHDDH is currently working on, programs and also grants. She will report on the status of BHDDH's reorganization at the June meeting.

#### **EOHHS Update:** (Sharon Kernan)

Sharon reported that three adult centers have signed contracts with Neighborhood HP; Blackstone Valley, Providence Health Center and East Bay Community Action Program. Also have a signed contract between United Healthcare and Integra. Additional contracts are expected to be signed. OHHS is excited to get the pilot started and OHHS will be having some stakeholder meetings over the next several months.

Also have a three-way contract with CMS, Neighborhood and EOHHS which is called a financial alliance demonstration. Neighborhood has been approved to oversee and manage Medicaid and Medicare services. This should result in a higher quality of care.

OHHS is starting an Implementation Council. It is welcoming anyone who would like to apply to be on the Council. It should be starting in the summer of 2016. Information and instructions for applying to the Implementation Council accompany these minutes.

#### **Old/New Business**

Richard said there is a vacancy on the Council and are expecting one or two additional. In the course of the next few months the Steering Committee will be looking for names to submit to the Governor's office for appointment. We are in the process of looking at how the membership can best reflect the many constituencies and also meet federal and state requirement. The issue was raised at the last meeting about how to make sure consumers and families have a strong voice in the Council. This is a major concern, and we are looking at ways to make that happen. We may survey members of the council on getting folks involved, and would welcome any suggestions.

Richard explained that the June meeting may be Jim's last due to funding issues. He asked to raise this to begin to celebrate his many years as support to the Advisory Council. Jim was presented with a card and a token of appreciation.

David noted at last meeting a motion made to send a letter to Secretary Roberts and copy the Governor on the unintended cut in funding to the mental health centers regarding rates. The Leadership Council had done an analysis of the funding over the last five years and found that there had been a decrease of approximately \$5,000,000. The Administration has agreed to reinstate that \$5,000,000 to the mental health centers, so the problem has been resolved..

Sandra DelSesto had some save the dates for the New England School of Addiction Studies. Lori Dorsey should be contacted regarding scholarships.

David Spencer reported that the Leadership Council received a training grant. It is holding five community forums whose purpose is to assess the capacity and skills of the service providers and determine what their training needs need are.

Trisha Suggs announced a meeting between BHDDH and Council members to discuss ways to streamline the joint planning meetings associated with the Block Grant and other federal grants.

Lisa Conlon reminded the Council of PSN's 6/1 conference on "Transitioning to Adulthood".

**Adjourn** - The meeting was adjourned by vote of the members.

**Next Meeting:**

**Thursday, June 9: 8:30 AM  
Conference Room 126, Barry Hall,  
14 Harrington Road, Cranston, RI 02920**

**Statutory and Public members, please let Jim Dealy know if you cannot attend**

**This meeting is open to the public.**

**If you plan to attend and you require special accommodations to ensure equal participation, please contact Jim Dealy at the Division of Behavioral Healthcare Services at 462-0118.**

*Next Meeting: Thursday, April 14, 8:30 A.M.*

*Barry Hall*

*Conference Room 126*

*14 Harrington Road, Cranston, RI 02920*

*Statutory and Public members, please let Jim Dealy know if you cannot attend*

*This meeting is open to the public.*

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